

United Concordia³

United Concordia ³		
Concordia Flex (High)	Concordia Preferred (Low)	
\$1,500 per person	\$1,000 per person	
\$50 individual, \$150 family (lifetime max)	\$25 per person per plan year, \$75 family	
\$1,200 per person	Not covered	
Diagnostic/Preventive	Network	Out-of-Network
Plan pays 100% of allowable amount, no deductible applies ⁴	Plan pays 80% of allowable amount, no deductible applies ⁴	Plan pays 25% of allowable amount after deductible ⁴
Basic		
Plan pays 85% of allowable amount after deductible*	Plan pays 80% of allowable amount after deductible*	Not covered
	Plan pays 25% of allowable amount after deductible (oral surgery)	
	Not covered (general anesthesia and prescription medications)	
Major		
Plan pays 50% of allowable amount after deductible	Plan pays 25% after deductible	Not covered
Orthodontic		
Plan pays 50% up to lifetime maximum	Not covered	Not covered

*Amalgam fillings on posterior teeth. Composite resin fillings for anterior teeth only.

⁴Flouride: 2 per year up to age 19. Sealants: permanent molars only.